

FILED MAR 22 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10779

State File No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2215	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL				f. STREET ADDRESS (If rural, give location) 1703A Lafayette Ave			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) WELLING c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) MARCH-9-51				
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH JAN-19-1986	9. AGE (In years last birthday) 65 YRS	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping		10b. KIND OF BUSINESS OR INDUSTRY HAUPTMAN Tobacco		11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOSEPH WELING		13b. MOTHER'S MAIDEN NAME ELIZABETH UNK		14. NAME OF HUSBAND OR WIFE JOSEPHINE WELING			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Ma Josephine Welling 1703 Lafayette			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H2O!			
22. I hereby certify that I attended the deceased from 2/17 , 1951, to 3/8 , 1951, that I last saw the deceased alive on 3/8 , 1951, and that death occurred at 3:00 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John D. Plesons M.D.				23b. ADDRESS 9540 Texas Ave		23c. DATE SIGNED 3/9/51	
24a. BURIAL CEMETERY (RURAL OR CITY)		24b. DATE MARCH-10-51		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		24d. LOCATION (City, town, or county) (State) St. Louis MO	
DATE REC'D BY LOCAL REG. MAR 9 1951		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS E. J. Schurz			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Jose J. Palmer

Signed.....
Student Embalmer

Licensed Embalmer No. *45014*

P. O. Address *3125 La Fayette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.